Form HR40000

IUOE, LOCAL 324
INTERNAL PROMOTION/TRANSFER REQUEST

UNIVERSITY OF MICHIGAN

Important: This form must be submitted to a supervisor or manager during the fourteen (14) calendar-day posting period. **Please print.**

Last Name:	First Name:
UMID:	Department:
Current Classification Title:	Current Seniority Group:
Current Supervisor:	
Employee Signature:	

NOTE: This form is not to be used to apply for external job postings. An employee who wishes to apply for an external posting should refer to www.umjobs.org

Open Position: _____

Classification Title: _____

Plant: _____

FOR SUPERVISOR/MANAGER USE ONLY:

Supervisor/Manager Signature: _____

Date form submitted: _____